



**LITTLE RIVER BAND OF OTTAWA INDIANS
RESIDENT TRIBAL MEMBER/TRIBAL ENTITY CLAIM**

Part 1. Purchaser

Purchaser's name:		Date
Purchaser's address:		
Street		Telephone
City	State	Zip Code
Tribal ID Number:	Social Security Number (Resident Tribal Member) Fed. ID No. or TR No. or ME No. (Tribal Entity)	

UTILITIES

Sales of electricity, natural gas or artificial gas, home heating fuels and all transmission and distribution charges are exempt from both the sales tax and use tax if the product is delivered to a Resident Tribal Member's principal residence located within the Agreement Area.

In addition, telephone (intrastate and interstate), telegraph leased wire, internet, cable and other similar communications rendered to and paid for by the Resident Tribal Member are exempt from both the sales tax and use tax if the service is rendered to a Resident Tribal Member's principal residence located within the Agreement Area.

Part 2. Utility Provider Information

Name of Utility Provider:	Account #
Telephone _____	_____
Cell phone _____	_____
Electricity _____	_____
Gas _____	_____
<small>(Includes natural, propane, LP and fuel oil)</small>	

Part 3. Billing Information

Name (as it appears on billing statement - must be Resident Tribal Member): Attach copy of bill(s) for best results.		
Address (must be in Agreement Area and must match above address):		
Street		
City	State	Zip Code

Part 4. Certification

I declare, under penalty of perjury, that the information on this certificate is true, that I have consulted Tribal regulations and other sources of law applicable to my exemption, and that I have exercised reasonable care in assuring that my claim of exemption is valid under the Tax Agreement between the Little River Band of Ottawa Indians and the State of Michigan. In the event this claim is disallowed, I accept full responsibility for the payment of tax, penalty and any accrued interest, including, if necessary, reimbursement to the vendor or the Tribe for tax and accrued interest.	
_____ Signature of Resident Tribal Member	_____ Date

Complete and return to Tax Office